

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		48	7/23/01
<b>FORMALITY REVIEW</b>	CV	503	08-27-3
<b>RESPONSE FORMALITY REVIEW</b>	CC	1114	03-19-02

## INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
(Through numeral)... Canceled	A	Appeal
+	O	Objected

Claim	Final	Original	Date
1	X	X	7/27/01
2	X	X	7/27/01
3	X	X	7/27/01
4	X	X	7/27/01
5	X	X	7/27/01
6	X	X	7/27/01
7	X	X	7/27/01
8	X	X	7/27/01
9	X	X	7/27/01
10	X	X	7/27/01
11	X	X	7/27/01
12	X	X	7/27/01
13	X	X	7/27/01
14	X	X	7/27/01
15	X	X	7/27/01
16	X	X	7/27/01
17	X	X	7/27/01
18	X	X	7/27/01
19	X	X	7/27/01
20	X	X	7/27/01
21	X	X	7/27/01
22	X	X	7/27/01
23	X	X	7/27/01
24	X	X	7/27/01
25	X	X	7/27/01
26	X	X	7/27/01
27	X	X	7/27/01
28	X	X	7/27/01
29	X	X	7/27/01
30	X	X	7/27/01
31	X	X	7/27/01
32	X	X	7/27/01
33	X	X	7/27/01
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35	X	X	7/27/01
36	X	X	7/27/01
37	X	X	7/27/01
38	X	X	7/27/01
39	X	X	7/27/01
40	X	X	7/27/01
41	X	X	7/27/01
42	X	X	7/27/01
43	X	X	7/27/01
44	X	X	7/27/01
45	X	X	7/27/01
46	X	X	7/27/01
47	X	X	7/27/01
48	X	X	7/27/01
49	X	X	7/27/01
50	X	X	7/27/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet ther

(LEFT INSIDE)

06/27/01  
08/28/01  
35  
3/28/02

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